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Bib Data Sheet

CONFIRMATION NO. 4275

| | | | | |
|------------------------------------|-------------------------------------------------|---------------------|-------------------------------|----------------------------------------------|
| SERIAL NUMBER 09/634,139 | FILING DATE 08/08/2000 RULE | CLASS 704 | GROUP ART UNIT 2741 | ATTORNEY DOCKET NO. 20676-000100US |
|------------------------------------|-------------------------------------------------|---------------------|-------------------------------|----------------------------------------------|

APPLICANTS

Ifay F. Chang, Katonah, NY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 09/27/2000

** SMALL ENTITY **

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY NY | SHEETS DRAWING 12 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

20350

TITLE

Methods for enabling e-commerce voice communication

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|-----------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| FILING FEE RECEIVED 420 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:. | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
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